

**FARMERS' MARKET NUTRITION PROGRAM (FMNP)  
VERIFICATION OF PARTICIPATION IN FARMER TRAINING**

Participation in the Farmers' Market Nutrition Program is voluntary. Completion of this form meets the requirements of Federal Reg. 248.10a(4) which states that a face-to-face training is required for farmers to participate in FMNP. **Only the farmers who did not participate the previous year should complete this form.**

Date of Training		Location of Training (county/market)			
Name of Trainer		Agency Name (of Trainer)			
Farmer Name	Street Address	City	State	Zip Code	Telephone/Area Code
I verify that farmers listed here have been trained for FMNP participation. <b>SIGNATURE</b> – FMNP Trainer			Date Signed		